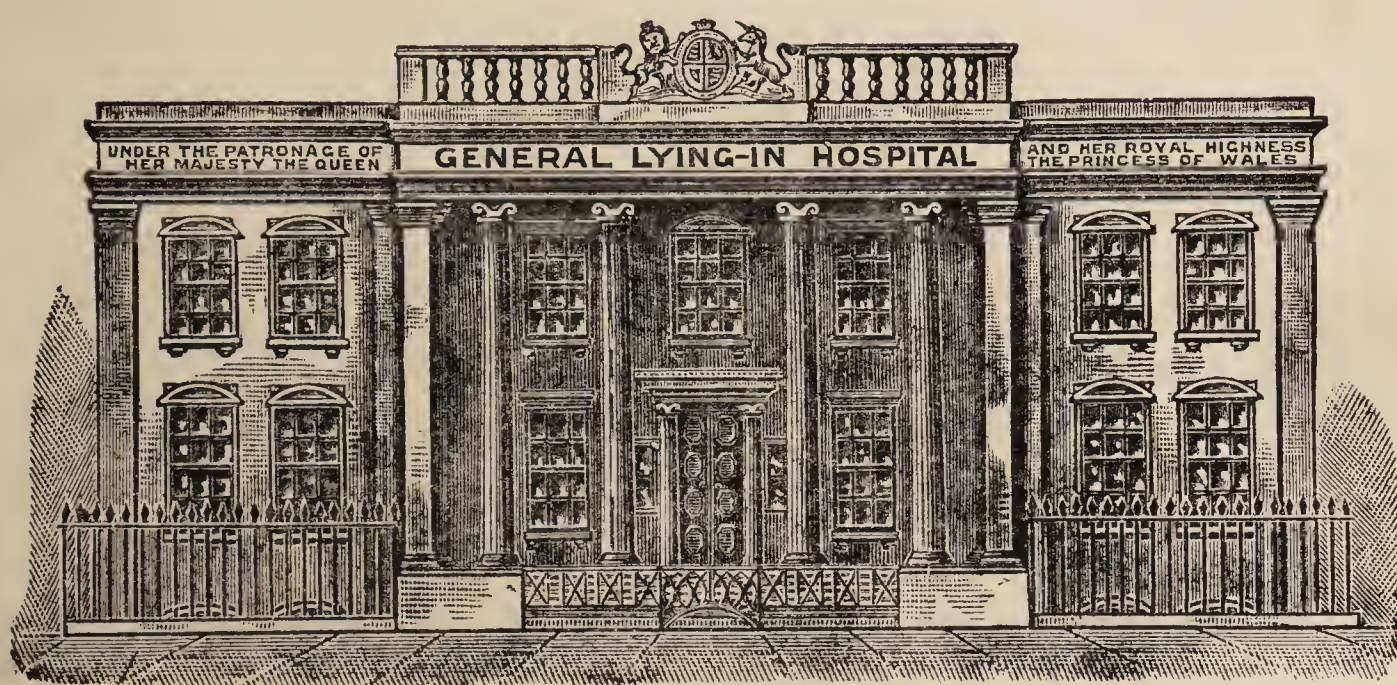


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MEDICAL REPORT

FOR THE YEAR

1936

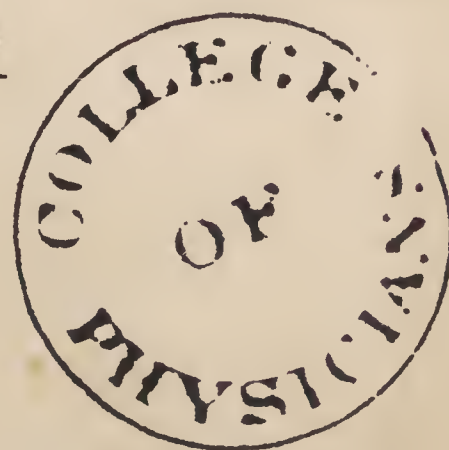


The General Lying-In Hospital

(Under the Patronage of Her Majesty The Queen,
and Her Majesty Queen Mary)

YORK ROAD, LAMBETH

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CONTENTS

	PAGE
Staff 	3
Out-Patient Department 	5
In-Patient Department	6
Analysis of Cases 	7
Vertex Presentations 	9
Occipito-Posterior Position 	10
Breech Presentation 	11
Face Presentation 	12
Prolapse of the Cord 	13
Twin Pregnancies 	14
Disproportion 	15
Toxæmias of Pregnancy 	17
Ante-partum Hæmorrhage 	21
Post-partum Hæmorrhage 	24
Heart Disease 	28
Anæsthetics 	29
Obstetric Operations 	30
Maternal Morbidity 	33
Fœtal Statistics 	38
Stillbirths	39
Neonatal Deaths	40
Case of Interest 	40

MEDICAL STAFF

Consulting Physicians :

John S. Fairbairn, Esq., M.A., M.B., B.Ch.(Oxon.), F.R.C.S.,
F.R.C.P.

G. F. Darwall Smith, Esq., D.M., F.R.C.S.

Visiting Physicians :

J. P. Hedley, Esq., M.A., M.B., M.C.(Cantab.), F.R.C.S., F.R.C.P.

D. W. Roy, Esq., M.A., M.B., B.C.(Cantab.), F.R.C.S.

H. G. Taylor, Esq., M.A., M.B., B.C.(Cantab.), F.R.C.S.

C. M. Gwillim, Esq., M.D., B.S.(Lond.), M.R.C.P., F.R.C.S., D.P.H.

General Physician :

Evan Jones, Esq., M.B., B.S., M.R.C.P.

General Surgeon :

E. C. Hughes, Esq., F.R.C.S., M.C. (Cantab.).

Bacteriologist and Pathologist :

John O. Oliver, Esq., M.B., B.S.

Anæsthetist :

F. W. Longhurst, Esq., M.R.C.S., L.R.C.P.

Assistant Anæsthetist :

G. Edwards, Esq., M.R.C.S., L.R.C.P.

Registrar :

R. K. Bowes, Esq., M.D., M.S., F.R.C.S.



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OUT-PATIENT DEPARTMENT.

Six hundred and forty-nine Out-Patients were attended at their own homes by the District Midwives attached to the Hospital. Of these, 86 were also visited by the Resident Medical Officers, and an analysis of their visits is given below. Four mothers and two infants were admitted to Hospital, and three other cases were transferred to other Hospitals.

The Mother.

Ante-Natal Visits—30 Cases.

Ante-Partum Hæmorrhage	1	Abdominal Pain	...	...	2
Abortion	...	...	...	...	1
Threatened Abortion	...	...	...	...	3
Cardiac Disease	...	...	...	...	2
Pulmonary Disease	...	...	...	...	1
Debility	...	...	...	...	1
Hæmorrhoids	...	...	...	...	1
Prolapse	...	...	...	...	1

Intra-Natal Visits—19 Cases.

Ruptured Perineum	...	6	Premature Labour	...	1
Post-partum Hæmorrhage	...	3	Delay in Labour	...	1
Twins	...	1	Transverse Lie	...	1
Application of Forceps	...	3	Normal Case	...	1
Retained Placenta	...	2			

Post-Natal Visits—2 Cases.

Mastitis	1	Abdominal Pain	1
----------	-----	-----	-----	---	----------------	-----	-----	---

The Child.

35 Cases.

Eye Lesions	...	...	...	13	Deformity	...	...	...	4
Feeding difficulties	...	...	...	2	Rashes	...	...	...	5
Bronchitis	...	...	...	3	Jaundice	...	...	...	1
Laryngeal Spasm	...	...	...	2	Unclassified	...	...	...	1
Prematurity	...	...	...	2	Intestinal Obstruction	...	...	...	2

IN-PATIENTS.

One thousand one hundred and fifty-five Patients were admitted to the Hospital during the year. Of these, 1,147 were “booked” by the Hospital, and attended for ante-natal examination. The remaining eight cases were admitted as “non-booked” or emergency cases. The former group is classified as Category A, and the latter as Category B. Under Category B cases are not included which had had ante-natal treatment at other hospitals, so that all in this group were true emergencies only.

Category A.

Delivered in Hospital	...	...	...	1,126
Admitted after delivery	...	...	...	—
B.B.A.	...	...	...	6
Cæsarean Section	...	...	...	7
Abortion	...	...	...	8
				<hr/>
				1,147
				<hr/>

There were two maternal deaths.

Category B.

Delivered in Hospital	...	...	...	8
				<hr/>
				8
				<hr/>

ANALYSIS OF CASES ADMITTED TO THE HOSPITAL.

In this section there is considerable overlap in the statistics, as cases with any complication are entered both under “ presentation ” and the complication.

Category A.					Primiparæ	Multiparæ
Presentation and Complications due to Pregnancy :—						
First Vertex	...	...	...	...	323	270
Second Vertex	...	...	...	...	217	230
Third Vertex	...	...	...	...	16	17
Fourth Vertex	...	...	...	...	15	16
Breech Presentation	...	...	...	...	16	7
Face Presentation	...	...	...	...	1	4
Transverse Lie	...	...	...	...	—	2
Brow Presentation	...	...	...	...	—	2
Twins	...	...	...	...	2	4
Prolapse of Cord	...	...	...	...	1	1
Contraction of Pelvis	...	...	...	...	6	2
Accidental Hæmorrhage	...	...	...	...	1	1
Placenta Prævia	...	...	...	...	1	3
Post-partum Hæmorrhage	...	...	...	...	47	19
Puerperal Pyrexia	...	...	...	...	23	12
Toxæmia of Pregnancy	...	...	...	...	23	12
Eclampsia	...	...	...	...	2	—
Hydramnios	...	...	...	...	3	—
Anæmia of Pregnancy	...	...	...	...	—	1
Intercurrent Disease :—						
Mitral Stenosis	...	...	...	...	6	1
Mitral Regurgitation	...	...	...	...	2	—
Myocardial Damage	...	...	...	...	—	1
Pyelitis	...	...	...	...	9	6
Cystitis	...	...	...	...	1	2
Essential Hypertension	...	...	...	...	2	2
Chronic Nephritis	...	...	...	...	—	2

Category B.

					Primiparæ	Multiparæ
Presentations and Complications due to						
Pregnancy :—						
First Vertex	...	...	...	...	1	1
Second Vertex	...	...	...	...	2	—
Third Vertex	...	...	...	...	—	—
Fourth Vertex	...	...	...	...	2	1
Breech Presentation	...	...	...	...	1	—

VERTEX PRESENTATIONS.

These numbered 1,104 cases, comprising 95.6% of the total deliveries. The analysis is as follows :—

Category A.

Vertex		Primiparæ	Multiparæ	Total	Percentage
First	...	323	270	593	53.8
Second	...	217	230	447	40.5
Third	...	16	17	33	2.7
Fourth	...	15	16	31	3.0
Total		561	533	1,104	

Category B.

Vertex		Primiparæ	Multiparæ	Total
First	...	1	1	2
Second	...	2	—	2
Third	...	—	—	—
Fourth	...	2	1	3
Total		5	2	7

NOTES.

The following symbols are used in this Report :—

Mother.

N = Normal Puerperium	M = Multipara
S = Pyrexia during Puerperium	P = Primipara
D = Death	

Child.

N = Thrived normally
SB = Stillborn
D = Neonatal death

OCCIPITO-POSTERIOR PRESENTATION.**Category A.**

Mode of Delivery				No. of Cases	Result						
					Mother			Child			
					N	S	D	N	SB	D	
Spontaneous Rotation—											
Primiparæ	10	10	—	—	10	—	—		
Multiparæ	14	14	—	—	14	—	—		
Manual Rotation : Forceps—											
Primiparæ	4	3	1	—	4	—	—		
Multiparæ	3	3	—	—	3	—	—		
Persistent Posterior ; Spon- taneous Delivery—											
Primiparæ	9	9	—	—	9	—	—		
Multiparæ	16	16	—	—	16	—	—		
Persistent Posterior : Forceps—											
Primiparæ	7	7	—	—	6	1	—		
Multiparæ	1	1	—	—	—	1	—		
Total	64	63	1	—	62	2	—		

Foetal Mortality = 3.2%

Category B.

Mode of Delivery				No. of Cases	Result					
					Mother			Child		
					N	S	D	N	SB	D
<hr/>										
Spontaneous Rotation—										
Primiparæ	...	...	1	1	—	—	—	1	—	
Manual Rotation ; Forceps—										
Multiparæ	...	...	1	1	—	—	—	—	1	
Persistent Posterior ;										
Forceps—										
Primiparæ	...	...	1	1	—	—	—	1	—	
Total				...	...	3	3	—	—	2 1

BREECH PRESENTATION.**Category A.****Uncomplicated Cases.**

Mode of Delivery				No. of Cases	Result					
					Mother			Child		
					N	S	D	N	SB	D
Flexed Breech. Spontaneous Delivery—										
Primiparæ	...	...	1	1	—	—	—	1	—	—
Multiparæ	...	...	4	4	—	—	—	3	1	—
Footling Presentation—										
Primiparæ	...	...	1	1	—	—	—	—	—	1
Extended Limbs. Spontaneous delivery—										
Primiparæ	...	...	3	3	—	—	—	3	—	—
Extended Limbs. Manipulations for Delivery—										
Primiparæ	...	...	9	7	2	—	—	7	2	—
Multiparæ	...	...	2	2	—	—	—	2	—	—
Total	...	...	20	18	2	—	—	16	3	1

Fœtal Mortality=25%. (Primiparæ 21.5%, Multiparæ 16.6%.)

Category B.

No cases.

Complicated Cases.

Index No.	Category	Parity	Pregnancy and Labour	Result	
				Mother	Child
230	A	1	Albuminuria. Induced. Assisted delivery for extended limbs	N	N
302	A	4	Albuminuria. Premature labour	N	N
559	B	1	Albuminuria. Prolonged labour. Extended limbs with assisted delivery	N	SB
676	A	1	Hydramnios Anencephalic monster	N	SB

FACE PRESENTATION.**Category A.**

Index No.	Position	Labour	Result		Remarks
			Mother	Child	
164	L.M.P.	Spontaneous rotation	N	N	Third parity
541	L.M.A.	Spontaneous	N	D	Child anencephalic
621	R.M.A.	Spontaneous	N	N	Converted from brow during labour
867	L.M.A.	Perforation. Version	N	SB	Hydrocephalic infant
939	R.M.P.	Spontaneous rotation	N	N	Para 2

BROW PRESENTATION.**Category A.**

Index No.	Parity	Labour	Result		Remarks
			Mother	Child	
621	2	Converted to R.M.A.	N	N	Spontaneous delivery
748	2	Converted to L.S.A.	N	N	Conversion to face attempted but failed

TRANSVERSE LIE.**Category A.**

Index No	Parity	Pregnancy and Labour	Result		Remarks
			Mother	Child	
160	4	Internal Version	N	N	
257	2	Internal Version	N	N	

PROLAPSE OF CORD.**Category A.**

No. 282. A primipara aged 27, on whom external version had been performed 3 days prior to labour. The cord was felt 15 minutes after full dilatation, but was not pulsating at all. The child was stillborn.

No. 503. The patient was a 2 para aged 26. Prolapse of the cord occurred after half-an-hour of the second stage. Low forceps were applied. The child was born alive, but died soon afterwards.

TWIN PREGNANCIES.

Category A.

Index No.	Parity	Presentation		Sex		Maturity in weeks	Weight in lbs.		Type	Result			Remarks
		1st Child	2nd Child	1st Child	2nd Child		1st Child	2nd Child		Mother	1st Child	2nd Child	
299	2	L.O.A.	L.O.A.	F	F	38	5 12	5 4	Uniovular	N	N	N	Spontaneous delivery
360	5	L.O.A.	R.O.A.	M	M	38	6 1	5 14	Binovular	N	N	N	Spontaneous delivery
718	6	L.O.A.	L.S.A.	M	F	38	6 4	5 9	Binovular	N	N	N	Toxæmia. Induction
764	1	L.O.A.	R.O.P.	M	M	38	6 3	5 2	Binovular	N	N	N	Spontaneous delivery
974	2	L.O.A.	R.O.A.	F	M	36	3 9	5 14	Binovular	N	N	N	Spontaneous delivery
979	1	P.O.P.	L.S.A.	F	M	38	4 12	6 4	Binovular	N	N	N	Forceps delivery of first child

Category B.

No Cases.

DISPROPORTION—CONTRACTED PELVIS.**Category A.**

Eight cases ; 6 primiparæ, 2 multiparæ. In four cases induction during the later weeks of pregnancy was performed. One case was treated by trial of labour. Three cases were treated by Cæsarean Section with one death (details are given under “ Maternal Deaths.”)

Five cases were patients with contraction of the pelvic outlet.

Category B.

No cases.

DISPROPORTION—NO PELVIC CONTRACTION.

No cases.

CONTRACTED PELVIS—DETAILED TABLES.

Category A.

Index No.	Age	Parity	Maturity in Weeks	Measurements					Diag. Conj.	Weight of Mould-Child	Result		Treatment	Remarks
				Inter spinous	Inter-crystal	Ext. Conj.	in.	in.			Mother	Child		
144	41	5	38	in. 11	in. 11	8	in. 4½	lb. ozs. 7 5½	—	—	D	N	Induction. labour. Cæsarean hysterectomy	See details under "Maternal Deaths." Patient had previously given birth to infants of 8 lb. 11 ozs. per vias naturales. Present labour — brow presentation which did not progress
159	22	1	37	9½	10¾	7½	—	5 9	Normal	N	N	N	Induction	Outlet contraction—inter-tuberos measurement 3½ ins. In addition had adduction of thigh from old hip disease
182A	22	1	39	9½	10½	7¾	—	6 10	Normal	D	N	N	Induction ...	Outlet contraction—transverse measurement 3½ in.
192	26	1	Term	11¼	11¾	7½	—	7 11	Definite	N	N	N	Induction. Forceps	Outlet contraction
388	28	1	39	10½	11½	7½	—	6 14	Normal	N	N	N	Induction ...	Outlet small
521	23	1	40	9	10	7¼	4¼	6 3	Normal	N	N	N	Trial labour	Short second stage of 40 mins. only
954	40	1	40	11	12	8½	—	5 8	—	N	N	N	Cæsarean hysterectomy	Transverse measurement of outlet 3 ins. Multiple fibroids
1075	44	3	38	9	10	7¼	4	6 10	—	N	N	N	Classical Cæsarean sections. Sterilisation	2 previous Cæsarean sections

TOXÆMIAS OF PREGNANCY.

Thirty-eight cases of toxæmia albuminuria were admitted ; 35 were “ booked ” cases, and three were admitted under Category B. Twenty-six patients were primiparæ, and 12 multiparæ.

Treatment was adopted on the usual routine.

Two cases of eclampsia were admitted—both were “ booked ” cases ; in one case the fits developed during labour, and in the other, post-partum.

ALBUMINURIA (INCLUDING PREGNANCY KIDNEY AND PRE-ECLAMPTIC TOXÆMIA).
DETAILED TABLES.

Category A.

Index No.	Age	Parity	Maturity in Weeks	Urine		Blood Pressure		Remarks	Result	
				On Admission	On Discharge	On Admission	On Discharge		Mother	Child
75	23	1	38	0.075%	Nil	158/92	118/65	Mild toxæmia. Bougie induction	N	N
129	31	1	39	Trace	Nil	140/90	120/80	Mild toxæmia near term. Spontaneous onset of labour. Very long 1st stage of labour	N	N
136	30	1	37	0.025%	Nil	132/90	No record	Albumin appeared at 35th week and responded to treatment. Labour premature at 37th week	N	N
180	29	1	39	0.05%	Nil	158/92	No record	Spontaneous onset of premature labour	N	N
225	27	1	30	Trace	0.09%	138/80	146/96	Blood pressure rose to 194/112. Onset of pre-mature labour	N	N
230	29	1	35	0.051%	Trace	146/90	130/80	Blood pressure rose and disc changes noticed by ophthalmoscope. Breech delivery. Slight A.P.H. following version. Induction at 36th week	N	N
302	35	4	32	0.2%	Trace	156/88	142/80	Breech presentation with premature onset of labour	N	N
366	32	1	35	1.8%	Nil	180/100	134/82	Marked œdema and toxæmia. Induction	N	N
439	21	2	38	++	Trace	170/130	120/90	Previous pregnancy terminated at 7/12 for toxæmia. No albuminuria in the urine during present pregnancy till a week before admission. Spontaneous onset of labour	N	N
460	32	1	37	0.5%	Nil	212/146	144/90	Severe toxæmia. Gross œdema. Treated by rupture of membranes. Forceps	N	N
468	27	1	34	0.075%	0.03%	124/72	120/72	Albuminuria did not respond to treatment. Induction	N	N
536	22	1	40	0.01%	Nil	150/98	132/94	Mild toxæmia. Treated ante-natally with good response. Induction medically	N	N
573	26	1	38	0.08%	No record	164/98	No record	Mild toxæmia. Mitral regurgitation. Spontaneous premature labour	N	N
580	24	1	38	0.01%	Nil	150/90	No record	Mild toxæmia. Onset of labour premature whilst being treated in the ante-natal ward	N	N
593	15	1	38	0.04%	Nil	150/120	130/96	Little œdema. Chief sign was raised blood-pressure. Induction by rupture of membranes	N	N
630	34	1	36	Trace	Nil	216/110	No record	Complicated by lateral placenta prævia. Treatment by rupture of membranes and Willets' forceps	N	SB

Albuminuria (including Pregnancy Kidney and Pre-Eclamptic Toxæmia)—(continued).
Detailed Tables. Category A—(continued).

Index No.	Age	Parity	Maturity in Weeks	Urine		Blood Pressure		Remarks	Result	
				On Admission	On Discharge	On Admission	On Discharge		Mother	Child
653	23	1	38	0.1%	Nil	160/98	113/70	Oedema of ankles only. Albumin reduced on treatment, but did not disappear. Induction by bougies	N	N
718	34	6	38	1%	Nil	162/118	158/92	Twin pregnancy. Marked generalised oedema. Did not settle on treatment, so labour induced	N	(N
759	23	1	38	0.75%	Nil	160/110	134/90	Toxæmia with little oedema. Blood pressure continued high under treatment, but albumin decreased. Induced by rupture of membranes	N	N
780	29	3	40	++	Nil	168/118	150/94	Generalised oedema. Onset of labour spontaneous before full treatment could be carried out	N	N
795	24	1	40	+	Nil	130/70	120/70	Admitted in labour. Retained placenta needed manual removal	S	N
802	35	5	35	0.025%	Nil	196/118	180/110	No history of toxæmia in previous pregnancies. Urine contained no albumin 4 days prior to admission, and blood pressure then was 140/66. Admitted in labour; no foetal heart sounds heard. Referred to St. Thomas's Hospital for further treatment following the puerperium	N	SB
834	37	6	38	1.0%	Slight Trace	202/118	130/88	Generalised oedema. Treatment did not cure the albuminuria. Induction by rupture of membranes	N	N
845	31	1	38	0.25%	Nil	160/104	No record	No oedema. Spontaneous onset of labour at term	N	N
857	32	2	38	0.05%	Trace	170/110	160/120	Spontaneous premature labour. Referred for further treatment in view of continuation of albuminuria	N	N
920	20	1	40	0.05%	Nil	164/106	No record	Slight toxæmia at term. Membranes ruptured	N	N
937	28	2	39	0.1%	Trace	150/80	No record	Toxæmia at term. Spontaneous labour ...	N	N
956	35	6	34	0.25%	Trace	No record	125/75	Premature labour started whilst in hospital for treatment	N	N
966	38	1	36	0.16%	Nil	134/96	No record	Induced by rupture of membranes ...	N	N
1026	17	1	38	0.1%	Nil	144/110	110/70	Mild toxæmia near term. Spontaneous onset of premature labour	N	N
1050	19	1	37	0.1%	Nil	140/80	No record	Spontaneous onset of premature labour ...	N	N
1061	25	2	38	0.1%	Trace	No record	No record	Some oedema. Labour induced by rupture of membranes	N	N

Albuminuria (including Pregnancy Kidney and Pre-Eclamptic Toxæmia)—(continued).
Detailed Tables. Category A—(continued).

Index No.	Age	Parity	Maturity in Weeks	Urine		Blood Pressure			Remarks	Result	
				On Admission	On Discharge	On Admission	On Discharge	On Discharge		Mother	Child
1078	31	2	40	0.01%	Nil	135/90	130/80		Albuminuria at term. Onset of labour spontaneous during treatment	N	N
1097	32	2	37	0.01%	Trace	140/90	145/90		Induction by drugs. Blood pressure remained high—probably some residual nephritis	N	N
1137	21	1	38	Trace	Nil	—	140/80		Mild albuminuria. Spontaneous onset of pre-mature labour	N	N

Category B.

Index No.	Age	Parity	Maturity in Weeks	Urine		Blood Pressure			Remarks	Result	
				On Admission	On Discharge	On Admission	On Discharge	On Discharge		Mother	Child
9	24	1	37	0.22%	Nil	164/110	No record		Treatment routine for 10 days following admission. Movements of child ceased 3 days before onset of premature labour. Child born macerated	N	SB
504	39	1	Term	++	Nil	160/100	Nil		Gross oedema on admission. Patient had been in labour for several days prior to admission. No foetal heart heard. Child born by forceps and was macerated	N	SB
559	38	1	38	0.2%	Nil	176/96	No record		Admitted with some oedema and albumin in the urine. Treated in routine manner for 7 days. Medical induction. Breech labour with prolonged 1st stage and 2nd stage	N	SB

ECLAMPSIA.

Category A.

No. 377. The patient, a primipara aged 35 years, had an uneventful history during pregnancy, and was admitted in labour at term. At no time had there been any albumen in the urine, and the blood pressure had been 130/90 mms. of mercury. On admission she had been in labour for four hours, there was a trace of albumen in the urine, and some œdema of the legs only. The first stage was rather long—35 hours; during the second stage she had two short fits of about half-minute duration and then she became drowsy. The blood pressure was now 156/100. Stroganoff treatment was instituted, and the child delivered by forceps. Four hours following the birth of the child, there was another fit. From this time the patient got steadily better. There was no albuminuria on discharge.

No. 806. A primipara of 23, the patient had regularly attended the Ante-Natal Clinic, and there had been no albumen in the urine prior to her admission in labour at term. She had been seen the day before admission, and the urine was tested. During pregnancy, however, the blood pressure had been persistently rather high—140/100. When admitted in labour there was some, though not marked, œdema of the ankles and feet. Low forceps were put on during delivery as the foetal heart became irregular. During labour the urine had 0.05% albumin only. About 14 hours after delivery the patient had a fit lasting $2\frac{1}{2}$ minutes. Routine Stroganoff treatment was adopted, and there were no more fits. Convalescence was rather slow, but the albumin disappeared completely from the urine.

ANTE-PARTUM HÆMORRHAGE.

Placenta Prævia.

Six cases; five were multiparæ and one a primipara. Three cases had lateral implantation, two marginal, and one central. The foetal mortality was high.

Accidental Hæmorrhage.

Two cases only; one multiparæ, one primipara.

ANTE-PARTUM HÆMORRHAGE.
PLACENTA PRÆVIA.
Category A.

Index No.	Age	Parity	Maturity in Weeks	Condition on Admission	Type	Treatment	Result		Remarks
							Mother	Child	
148	35	4	35	Good. Repeated small losses. Not in labour	Lateral ...	Sedatives were given first. A few hours later the membranes ruptured spontaneously, but contractions were weak and irregular. There was a sudden severe loss of blood, and a saline infusion was given. Willett's forceps applied, and child was born 2 hours later.	N	SB	Blood transfusion immensely improved the patient's condition. Total loss of blood estimated at 40 ozs.
630	34	1	36	Fair. Treated for toxæmia. Total loss about 32 oz.	Lateral ...	Rupture of membranes. Willett's forceps applied	N	SB	Fair degree of shock
667	36	3	39	Admitted following slight loss. Condition good	Central ...	Classical Cæsarean section ...	N	N	Further loss 24 hours after admission. Not in labour.
732	39	8	39	Colour poor. Pulse rapid. Loss of 20 oz. estimated	Marginal ...	Willett's forceps ...	N	SB	No further hæmorrhage after application of Willett's forceps. Responded well. P.P.H. subsequently

Fœtal Mortality = 75%

Category B.

61	27	2	39	Good. labour. Fœtus alive	Marginal...	Rupture of membranes. forceps	Willett's	N	N	Thymophysic needed to start labour
1107	31	5	40	Fair. Os 3 fingers	Lateral ...	Rupture of membranes. forceps	Willett's	S	D	Child post-mature. Weight 11 lbs.

Fœtal Mortality = 50%

ANTE-PARTUM HÆMORRHAGE.
ACCIDENTAL HÆMORRHAGE.

Category A.

Index No.	Age	Parity	Maturity in Weeks	Condition on Admission	Type	Treatment	Result		Remarks
							Mother	Child	
33	24	5	39	Excellent	... External and Concealed	Expectant	...	N	N Copious loss of blood. Spontaneous onset of labour. Uterus hard and tender. Some retro-placental clot
230	29	1	35	Excellent	... External Mild	Expectant	...	N	N Followed attempt at external version

Category B.

No cases.

POST-PARTUM HÆMORRHAGE.

There were 66 cases in which there was a post-partum loss of blood estimated at over 20 ozs. (53 in 1935, 38 in 1934, 36 in 1933). The incidence of P.P.H. therefore seems to continue to rise. In 16 cases the loss occurred before the delivery of the placenta, and in 50 subsequent to placental delivery. Forty-seven were primiparæ and 19 multiparæ. Labour was apparently uncomplicated in 43 ; there was marked delay in 12 ; forceps were used on three occasions ; breech delivery, 2 ; toxæmia of pregnancy, 4 ; placenta prævia, 1 ; internal version, 1 ; inversion of the uterus, 1.

The accompanying sepsis rate with manual removal of the placenta was again lower than usual, two cases out of ten having a pyrexia.

One case terminated fatally, being due to inversion of the uterus. A detailed account is given under " Maternal Deaths."

POST-PARTUM HÆMORRHAGE. RETAINED PLACENTA.

Category A.

Index No.	Age	Parity	Labour	Severity of Hæmorrhage	Treatment	Puerperium
170	26	1	Normal. Anæsthetic ...	...	Expression of placenta ...	Normal
220	22	1	Delayed 2nd stage ...	...	Manual removal of placenta ...	Normal
396	29	1	Normal vertex. Anæsthetic ...	...	Expression of placenta. Pituitrin	Normal
487	30	1	Extended breech delivery ...	...	Manual removal of placenta ...	Pyrexia of 100° for 3 days
597	37	4	Normal vertex. Anæsthetic ...	...	Manual removal of placenta ...	Normal
624	32	10	Normal vertex. No anæsthetic ...	...	Manual removal of placenta ...	Normal
762	25	1	Normal vertex. Anæsthetic ...	...	Expression of placenta ...	Normal
794	40	5	Normal vertex. Anæsthetic ...	...	Expression of placenta ...	Normal
795	24	1	Toxæmia of pregnancy. Normal vertex. Anæsthetic	...	Manual removal of placenta. Blood transfusion	Pyrexial
815	35	2	Normal vertex. Anæsthetic ...	...	Manual removal of placenta. Salines ...	Normal
850	26	1	Normal vertex. Delayed 2nd stage. Anæsthetic	...	Manual removal of placenta ...	Normal
867	28	1	Internal version. Perforation of hydrocephalic child	...	Manual removal of placenta ...	Normal
910	34	4	Normal vertex. Delay in 1st stage. Anæsthetic	...	Manual removal of placenta. Blood transfusion	Normal
982	25	2	Normal vertex. Anæsthetic ...	...	Expression of placenta. Salines ...	Normal
1074	24	1	Albuminuria of pregnancy. Delay in 1st and 2nd stages. Forceps delivery	...	Manual removal of placenta. Ergometrine. Bi-manual compression. Intra-uterine pituitrin. Salines	Normal
1137	21	1	Normal. Albuminuria of pregnancy...	...	Expression of placenta ...	Normal

Category B.

No cases.

POST-PARTUM HÆMORRHAGE—AFTER DELIVERY OF PLACENTA.

Category A.

Index No.	Age	Parity	Labour	Severity of Hæmorrhage	Treatment	Puerperium
12	24	1	Low forceps. Anæsthetic	...	Pituitrin. Ergot ...	Normal
40	28	1	Short labour. Anæsthetic	...	Massage. Ergot ...	Normal
48	30	1	Persistent Occipito-Posterior. delivery. Long labour	Forceps	Massage. Ergot ...	Normal
66	23	1	Normal. Anæsthetic	...	Massage. Ergot ...	Pyrexial
79	36	1	Normal. Anæsthetic	...	Massage. Ergot ...	Normal
85	31	1	Normal Anæsthetic. Fibroids present	...	Massage. Ergot ...	Normal
88	30	3	Normal. Anæsthetic	...	Massage. Ergot ...	Normal
120	22	2	Normal. Anæsthetic	...	Massage. Ergot ...	Normal
138	27	1	Long 1st stage. Anæsthetic	...	Massage. Ergot. Pituitrin	Normal
189	21	1	Normal. Anæsthetic	...	Massage. Ergot ...	Normal
213	28	1	Long labour. Occipito-Posterior mechanism	...	Massage and Ergot	Normal
217	37	2	Normal labour. Anæsthetic	...	Massage and Ergot	Normal
277	23	1	Normal vertex. Anæsthetic	...	Ergot ...	Normal
307	22	2	Normal vertex. Anæsthetic	...	Pituitrin and Ergot	Normal
313	20	1	Normal vertex. Anæsthetic	...	Massage and Pituitrin	Normal
374	32	3	Normal vertex. Anæsthetic	...	Massage and Pituitrin	Normal
418	23	1	Normal vertex. Anæsthetic	...	Massage. Ergot. Salines	Normal
434	28	1	Normal vertex. Long 1st stage. Anæsthetic	...	Drugs. Douche. Salines	Normal
479	19	1	Spontaneous V 4 delivery. Anæsthetic	...	Pituitrin. Ergot ...	Normal
487	30	1	Extended breech delivery	...	Pituitrin. Ergot	Normal
520	29	1	Normal vertex. Anæsthetic	...	Pituitrin. Douche	Normal
526	22	1	Normal vertex. Anæsthetic	...	Massage and Ergot	Normal
583	27	1	Normal vertex. Anæsthetic	...	Massage. Pituitrin	S
596	23	1	Normal vertex. Anæsthetic	...	Ergot and Pituitrin	Normal
582	30	2	Spontaneous vertex. Anæsthetic. of the uterus in the 3rd stage	Inversion	Salines. Warmth. Ceramine	Died
619	29	1	Normal vertex. Anæsthetic	...	Pituitrin. Ergot ...	Normal
623	40	3	Normal vertex. Anæsthetic	...	Massage. Ergot ...	Normal
625	21	2	Normal vertex. Anæsthetic	...	Massage. Pituitrin. Salines	Normal
635	26	1	Normal vertex. Anæsthetic	...	Pituitrin. Salines	S
655	26	1	Normal vertex. Anæsthetic	...	Ergot ...	Normal
657	23	1	Normal vertex. Anæsthetic	...	Ergot ...	Normal
663	24	1	Prolonged 1st stage. Anæsthetic	...	Ergot and Pituitrin	Normal
677	28	1	Prolonged 2nd stage. Anæsthetic	...	Pituitrin. Ergot. Salines	Normal
691	31	3	Normal vertex. Anæsthetic	...	Pituitrin. Ergot. Salines	Normal
732	39	8	Placenta prævia. Willett's forceps	...	Ergometrine. Salines	Normal
744	24	1	Normal vertex. Anæsthetic	...	Massage. Ergometrine	Normal

POST-PARTUM HÆMORRHAGE.
After Delivery of Placenta—(continued).
Category A—(continued).

Index No.	Age	Parity	Labour	Severity of Hæmorrhage	Treatment	Puerperium
770	22	1	Normal vertex.	Anæsthetic ...	Pituitrin. Salines	Normal
785	20	1	Normal vertex.	Anæsthetic ...	Massage. Ergot ...	Normal
811	29	2	Normal vertex.	Anæsthetic ...	Massage. Ergot ...	Normal
816	23	1	Normal vertex. Anæsthetic	Prolonged 2nd stage.	Ergot ...	Normal
868	24	1	Normal vertex.	Anæsthetic ...	Ergot ...	S
893	18	1	Normal vertex.	Anæsthetic ...	Ergot ...	Normal
940	26	1	Normal vertex.	Anæsthetic. Cardiac disease	Massage. Ergot ...	Normal
966	38	1	Normal vertex. Anæsthetic	Albuminuria of pregnancy.	Ergot ...	Normal
1016	34	3	Normal vertex.	Anæsthetic. Cervical tear ...	Suture of cervix. Salines	Normal
1029	26	1	Normal vertex. stage	Anæsthetic. Prolonged 1st stage	Massage. Drugs ...	Normal
1060	23	1	Normal vertex.	Anæsthetic ...	Massage and Drugs	Normal
1073	29	1	Normal vertex.	Anæsthetic ...	Massage and Drugs	Normal
1084	23	2	Normal vertex.	Anæsthetic ...	Massage and Drugs	S
1138	23	1	Normal vertex.	Anæsthetic ...	Massage ...	Normal

HEART DISEASE.**Category A.**

Index No.	Age	Parity	Condition and Treatment	Result	
				Mother	Child
5	30	1	Mitral regurgitation. Fair compensation. Spontaneous quick labour at term	N	N
73	22	3	Mitral stenosis. Good compensation. Spontaneous rapid labour at term	N	N
508	30	1	Mitral stenosis. Good compensation. Spontaneous delivery at term. Low forceps applied	N	N
573	26	1	Mitral regurgitation. Compensation good. Treated in Ante-Natal ward for albuminuria and labour was premature. Stood labour well	N	N
582	30	2	Chronic myocarditis. Spontaneous rapid labour. P.P.H. and incomplete inversion of the uterus in the third stage. Death occurred from shock	D	N
715	28	1	Well-developed mitral stenosis. No signs of decompensation. Rested ante-natally. Spontaneous rapid labour without distress. Child 9 lbs. 2 ozs.	N	N
757	25	1	Fully compensated mitral stenosis. No distress in labour. Normal vertex delivery	N	N
870	28	1	Mitral stenosis with good compensation. Rested in the Ante-Natal ward near term. Spontaneous delivery without distress	N	N
872	29	1	Mitral stenosis. Fair compensation, but some dyspnœa on exertion. Rested in the ward. Spontaneous labour but delay	N	N
940	26	1	Well compensated mitral stenosis. Spontaneous labour at term without undue difficulty	N	N

Category B.

No cases.

OBSTETRIC OPERATIONS.
Induction of Premature Labour.
Category A.

No. of Cases	Method	Indication	Result					
			Mother			Child		
			N	S	D	N	SB	D
2	Drugs	Toxæmia of pregnancy	2	—	—	2	—	—
7	Rupture of Mem- branes	" "	7	—	—	7	—	—
1	Drugs and bougies	" "	1	—	—	1	—	—
2	Bougies	" "	2	—	—	3	—	—
	Drugs	Breech presentation with extended limbs						
2	Drugs and bougies	" "	1	1	—	1	—	1
1	Bougies	" "	1	—	—	1	—	—
2	Rupture of mem- branes	" "	2	—	—	2	—	—
1	Bougies	Persistent high head at term	1	—	—	1	—	—
2	Drugs and bougies	" "	2	—	—	2	—	—
1	Drugs	" "	1	—	—	1	—	—
1	Stomach tube ...	" "	1	—	—	1	—	—
3	Rupture of mem- branes	" "	3	—	—	3	—	—
3	Drugs	Post-maturity ...	3	—	—	3	—	—
1	Drugs and bougies	" ...	1	—	—	1	—	—
3	Drugs and bougies	Contraction of Pelvis	1	1	1	3	—	—
2	Drugs	" "	2	—	—	2	—	—
2	Rupture of mem- branes	Hydramnios ...	2	—	—	2	—	—
1	" "	Chronic nephritis ...	1	—	—	1	—	—
2	" "	Essential hypertension	2	—	—	2	—	—
1	Drugs	Previous obstetric his- tory	1	—	—	1	—	—
1	Bougies	" "	1	—	—	1	—	—
41			38	2	1	41	—	1

Infant Mortality = 2.4%

Morbidity Rate = 4.8%

One maternal death not directly attributable to induction.

Category B.

No cases.

OBSTETRIC OPERATIONS—FORCEPS.**Category A.**

Indication					No. of Cases	Result					
						Mother			Child		
						N	S	D	N	SB	D
Undue delay in second stage	...	...	...	...	11	11	—	—	11	—	—
Manual rotation of Occipito-Posterior and forceps	...	...	...	...	8	7	1	—	8	—	—
Fœtal distress	...	...	...	...	6	6	—	—	5	1	—
Persistent Occipito-Posterior	...	...	...	...	5	5	—	—	5	—	—
Prolapse of cord	...	...	...	...	1	1	—	—	—	—	1
Transverse arrest of the head	...	...	...	...	1	1	—	—	1	—	—
Eclampsia	...	...	...	...	2	2	—	—	2	—	—
Total	...	...	...	...	34	33	1	—	32	1	1

28 were primiparæ ; 6 multiparæ.

Forceps rate in this category was 2.9% (4.6% 1935, 2.7% 1934).

The fœtal mortality rate was 5.9%.

Maternal morbidity rate was 3.1%.

Category B.

Indication					No. of Cases	Result					
						Mother			Child		
						N	S	D	N	SB	D
Undue delay in second stage	...	...	...	...	2	2	—	—	1	1	—
Manual rotation of Occipito-Posterior and forceps	...	...	...	...	1	1	—	—	1	—	—
Total	...	...	...	...	3	3	—	—	2	1	—

2 were primiparæ ; 1 multipara.

Forceps rate was 32%.

Fœtal mortality rate was 33%.

Maternity morbidity rate was nil.

EPISIOTOMY.**Category A.**

9 cases—8 primiparæ, 1 multipara.

VERSION.*External Cephalic Version.*

This was performed successfully without anæsthesia in 52 cases : 17 in primiparæ, and 35 in multiparæ. Of these, 50 were subsequently delivered alive as vertex cases, one child was born stillborn from prolapse of the cord, and there was one patient who had mild accidental hæmorrhage who went into labour and had a live infant. One other foetus was also stillborn.

External cephalic version was attempted unsuccessfully under anæsthesia in seven cases : six primiparæ and one multipara. Six infants were born as breech deliveries alive, one was stillborn.

Internal Podalic Version.

3 cases.

Two patients had internal version performed for oblique lie, in both the infants lived.

One patient had a hydrocephalic foetus perforated and version performed.

CÆSAREAN SECTION.

Indication	No. of Case and Category	Result					
		Mother			Child		
		N	S	D	N	SB	D
Obstructed labour	A 144	—	—	1	1	—	—
Central Placenta Prævia	A 667	1	—	—	1	—	—
Previous obstetric history	A 682	1	—	—	1	—	—
Previous obstetric history	A 722	1	—	—	1	—	—
Dermoid cyst in pelvis... ..	A 953	—	1	—	1	—	—
Contraction of pelvic outlet and fibroids	A 954	1	—	—	1	—	—
Contraction of pelvis	A1075	1	—	—	1	—	—
Total		5	1	1	7	—	—

On two occasions (A682 and A1075) sterilisation was also performed, and in patient A954 the uterus was also removed.

MATERNAL MORBIDITY.

All cases in which a temperature of 100° F. was recorded on any two days in the puerperium (excluding the first 24 hours) have been included in this series.

There were 35 cases of morbidity in Category A (1,145 deliveries) ; the morbidity rate was therefore 3% (2.5% in 1935, 2.4% in 1934, 2.6% in 1933).

In Category B (eight cases delivered) there was one case of pyrexia, the morbidity rate being 12% (12% in 1935, 6.9% in 1934, 14% in 1933).

The combined morbidity rate was 3.1% (2.7% in 1935, 2.5% in 1934).

MATERNAL MORBIDITY.

DETAILED TABLES.

Category A.

Index No.	Pregnancy and Labour	Pyrexia	Duration	Remarks
66	P.P.H. (40 ozs.)	103.4°	2 days	
182A	Induction for contracted outlet	102°	12 days	No definite cause found. Patient discharged herself whilst investigations proceeding
183	Normal vertex	102°	7 days	Local uterine sepsis
191	Normal vertex	103.8°	13 days	Broncho-pneumonia
252	Normal vertex. Prolonged 1st stage	102°	4 days	Pyelitis
299	Twin labour	100°	3 days	Local uterine infection
403	Assisted breech delivery	101.8°	4 days	Local uterine sepsis
422	Normal vertex	101°	3 days	Perineal sepsis
454	Normal vertex	100.4°	3 days	Perineal sepsis
481	Normal vertex	102.6°	2 days	Mastitis
487	Extended breech delivery. Manual removal of placenta	100°	3 days	Local uterine sepsis.
583	Normal vertex	102°	3 days	Local uterine sepsis
588	Occipito-Posterior delivery. Manual rotation of forceps	101.8°	2 days	Mastitis
635	Normal vertex	102.2°	2 days	Reactionary pyrexia
722	Cæsarean section	103°	7 days	Pyelitis during pregnancy and puerperium
735	Normal vertex	104°	5 days	Pyelitis
738	Normal vertex	102°	7 days	Local uterine sepsis
744	Normal vertex	101.8°	3 days	Local uterine sepsis
774	Normal vertex	102°	3 days	Mastitis. Settled
795	Toxæmia of pregnancy. Manual removal of placenta	102°	6 days	Local uterine sepsis. Treated by blood transfusion
836	Normal vertex	100.8°	3 days	Local perineal sepsis
842	Normal vertex	102.6°	1 day	Mastitis. Settled
856	Normal vertex	104°	3 days	Streptococcal infection. Responded rapidly to Prontosil
863	Normal vertex	103°	3 days	Mastitis. Settled.
868	Normal vertex. P.P.H. ...	103°	4 days	Uterine infection. Treated by Prontosil
929	Normal vertex	103.8°	3 days	Mastitis
942	Normal vertex	103°	5 days	Mastitis
946	Normal vertex	101.8°	6 days	Thrombo-phlebitis of leg

MATERNAL MORBIDITY.Detailed Tables—(*continued*).Category A—(*continued*).

Index No.	Pregnancy and Labour		Pyrexia	Duration	Remarks
953	Cæsarean section	...	101.6°	3 days	Measles
955	Normal vertex	...	103.5°	3 days	Mastitis
997	Normal vertex	...	101.2°	7 days	Local uterine sepsis
1002	Normal vertex	...	104.6°	8 days	Breast abscess
1037	Normal vertex	...	101°	3 days	Local uterine sepsis
1084	Normal vertex.	P.P.H.	100°	6 days	Local uterine sepsis
1130	Normal vertex	...	103°	3 days	Influenza

MATERNAL MORBIDITY.Detailed Tables—(*continued*).

Category B.

Index No.	Pregnancy and Labour	Pyrexia	Duration	Remarks
1107	Lateral placenta prævia. Willetts's forceps	100.2°	8 days	Local uterine sepsis

DURATION OF PYREXIA.

No. of days	No. of cases
2	4
3	14
4	3
5	2
6 and over	11

RANGE OF TEMPERATURE.

Range	No. of cases
100°–101°	8
101°–102°	12
102°–103°	8
103°–104°	6

MATERNAL DEATHS.

Category A.

Case No. 144. The patient was a woman of 41 years, who was attending the Hospital during her fifth pregnancy. The pelvis was contracted, the diagonal conjugate being $4\frac{1}{4}$ " As she had previously given birth to an 8 lb. 14 oz. child, which had lived, and another of 8 lb. 11 oz., which was stillborn owing to excessive pressure on the tentorium, she was watched. During the last month the head was found to be high, and induction of labour was decided upon. Medical induction failed and bougies were inserted. Labour started 4 p.m. on the 11th February; at 5-30 a.m. 12th February, the membranes ruptured and contractions continued at irregular intervals till the 16th, when they were regular and strong. Dilatation of the os, however, was still incomplete and the head high—it was now found to be a brow presentation.

Cæsarian hysterectomy was decided upon and performed. Following operation, the patient's condition gave rise to anxiety, the abdomen became distended, and vomiting occurred. Death followed on the fourth day after operation. Post-mortem revealed general peritonitis. The child lived.

Case No. 582. Aged 30, the patient was para 2, the previous labour having been normal. Four years following the birth of her first child, a ventro-fixation of the uterus had been done at a London hospital. During the present pregnancy the only abnormality noticed was a cardiac thrill, but there were no signs of organic disease until the end of pregnancy, when there was some cyanosis. She was rested in the Ante-Natal ward. Labour started spontaneously, and was quite easy with a rapid second stage of 12 minutes only. A little chloroform was administered for delivery of the head. Ten minutes later the patient expelled the placenta herself, together with about 30 oz. of blood clot. There was no pressure on the fundus. Until this time the condition of the patient had given rise to no concern. However, about quarter-of-an-hour after the placenta had come away, her condition became rapidly worse. The pulse rate rose, and she was very cold and shocked. The uterus was flabby, and a peculiar ridge could be felt anteriorly. There was little hæmorrhage. Treatment for shock was immediately instituted; but the patient did not respond, and death occurred within $2\frac{1}{2}$ hours.

Post-mortem shewed an incomplete inversion of the uterus, which was found with the fundus in the vagina. The uterus had been stopped short of complete inversion by the adhesion of the previous ventro-fixation. The suture material had been catgut. There was no evidence of valvular disease of the heart, but brown atrophy of the muscle was present.

FOETAL STATISTICS.

During the year 1,153 babies of viable age were delivered in the Hospital. Of these, 1,145 can be classified under Category A, and 8 under Category B.

Category A.

				Living	Stillborn	Died	Total
MALES (585)—							
Mature	...	...	...	528	11	1	540
Premature	...	...	...	33	6	2	41
Total	...	...	...	561	17	3	581
FEMALES (568)—							
Mature	...	...	...	508	4	3	515
Premature	...	...	...	45	3	1	49
Total	...	...	...	553	7	4	564

Infant Mortality = 27 per thousand (45.9 in 1935 and 1934, 42.1 in 1933).

Category B.

				Living	Stillborn	Died	Total
MALES (3)—							
Mature	...	...	...	—	1	1	2
Premature	...	...	...	—	1	—	1
Total	...	...	...	—	2	1	3
FEMALES (5)—							
Mature	...	...	...	1	2	1	4
Premature	...	...	...	—	1	—	1
Total	...	...	...	1	3	1	5

STILLBIRTHS.

Pregnancy and Labour				Cause of Death			Category A No. of Cases	Category B No. of Cases
Normal	...	...	...	Intra-uterine death prior to labour			4	1
„	...	...	...	Prematurity	...	...	1	—
„	...	...	...	Premature separation of placenta			1	—
„	...	...	...	Asphyxia	...	...	1	—
Normal.		Precipitate		Intra-cranial hæmorrhage			1	—
labour								
Vertex		presentation.		Asphyxia	...	...	1	—
Forceps								
Vertex		presentation.		Intra-uterine death	...	...	1	—
Diabetes								
Vertex		presentation.		Intra-uterine death	...	...	1	—
Syphilis								
Occipito-Posterior—Pro-				Asphyxia	...	...	—	1
longed labour								
Occipito-Posterior—Pro-				Asphyxia	...	...	—	1
longed labour + for-								
ceps								
Persistent Occipito-				Intra-cranial hæmorrhage			2	—
Posterior+forceps								
...								
Breech delivery				Intra-cranial hæmorrhage			1	—
Breech delivery...				Prematurity	...	...	1	—
Breech delivery+				Intra-uterine death	...	...	—	1
toxæmia								
Breech delivery+foetal				Perforation	...	...	2	—
abnormality								
Vertex.		Toxæmia of		Perforation	...	...	2	1
pregnancy								
Vertex.		Prolapse of cord		Asphyxia	...	...	2	—
Placenta prævia				Asphyxia	...	...	3	—
Total				...	...	...	24	5

Stillbirths at full term = 19.

„ premature = 10.

NEONATAL DEATHS.

Pregnancy and Labour						Category A No. of Cases	Category B No. of Cases
Cause of Death							
Normal	...	...	...	Prematurity	...	2	—
„	...	...	...	Hydrocephalus	...	1	—
„	...	...	...	Hæmorrhagic diathesis	...	1	—
Vertex.	Difficulty in			Atalectasis	...	1	—
	delivery of shoulders						
Breech delivery	...			Prematurity	...	1	—
Face delivery	...	...		Anencephalic	...	1	—
Occipito - Posterior and				Intra-cranial tear	...	—	1
forceps, manual rota-							
tion	...	...	...	
Vertex. Placenta prævia.				Intra-cranial tear	...	—	1
Willetts forceps. Rapid							
delivery							
Total	...	...	...	...	...	7	2

CASE OF INTEREST.

No. 867. The patient was a primipara of 28, and it was noticed that during the 32nd week of pregnancy the head was large and high. Hydrocephalus was suspected and confirmed by X-ray. Labour started prematurely about 3 weeks before term. At full dilatation the head was found to be bulging through the os with the face presenting. Perforation was performed and internal version. The child was easily delivered as a breech. An alarming P.P.H. occurred, and the placenta was removed manually very quickly. This resulted in a tear into the Pouch of Douglas, which had to be stitched. In spite of this, the puerperium was uneventful, the temperature not being above 99°.

